

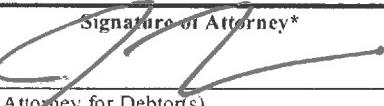
**United States Bankruptcy Court  
Middle District of Florida**
**Voluntary Petition**

Name of Debtor (if individual, enter Last, First, Middle): <b>Central Florida Endoscopy &amp; Surgical Institute of Ocala, LLC</b>	Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):	All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all) <b>20-3520333</b>	Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)
Street Address of Debtor (No. and Street, City, and State): <b>3256 S. Pine Avenue Ocala, FL</b>	Street Address of Joint Debtor (No. and Street, City, and State):
ZIP Code <b>34471</b>	ZIP Code
County of Residence or of the Principal Place of Business: <b>Marion</b>	County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address):	Mailing Address of Joint Debtor (if different from street address):
ZIP Code	ZIP Code
Location of Principal Assets of Business Debtor (if different from street address above):	

Type of Debtor (Form of Organization) (Check one box)	Nature of Business (Check one box)	Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box)
<input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input checked="" type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) <b>Other</b>	<input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (S1B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other	<input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13
Chapter 15 Debtors Country of debtor's center of main interests: Each country in which a foreign proceeding by, regarding, or against debtor is pending:	Tax-Exempt Entity (Check box, if applicable)	Nature of Debts (Check one box)
	<input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	<input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> Debts are primarily business debts.
Filing Fee (Check one box)	Chapter 11 Debtors	
<input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.	Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input checked="" type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 ( <i>amount subject to adjustment on 4/01/16 and every three years thereafter</i> ). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).	

Statistical/Administrative Information										THIS SPACE IS FOR COURT USE ONLY	
<input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.											
Estimated Number of Creditors											
<input checked="" type="checkbox"/> 1- 49	<input type="checkbox"/> 50- 99	<input type="checkbox"/> 100- 199	<input type="checkbox"/> 200- 999	<input type="checkbox"/> 1,000- 5,000	<input type="checkbox"/> 5,001- 10,000	<input type="checkbox"/> 10,001- 25,000	<input type="checkbox"/> 25,001- 50,000	<input type="checkbox"/> 50,001- 100,000	<input type="checkbox"/> OVER 100,000		
Estimated Assets											
<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input type="checkbox"/> \$100,001 to \$500,000	<input checked="" type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion		
Estimated Liabilities											
<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input type="checkbox"/> \$100,001 to \$500,000	<input checked="" type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion		

<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): <b>Central Florida Endoscopy &amp; Surgical Institute of Ocala, LLC</b>
<b>All Prior Bankruptcy Cases Filed Within Last 8 Years</b> (If more than two, attach additional sheet)		
Location Where Filed: - <b>None</b> -	Case Number:	Date Filed:
Location Where Filed:	Case Number:	Date Filed:
<b>Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor</b> (If more than one, attach additional sheet)		
Name of Debtor: - <b>None</b> -	Case Number:	Date Filed:
District:	Relationship:	Judge:
<b>Exhibit A</b>  (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)		<b>Exhibit B</b>  (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).
<input checked="" type="checkbox"/> Exhibit A is attached and made a part of this petition.	X _____ Signature of Attorney for Debtor(s) _____ (Date) _____	
<b>Exhibit C</b>  Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?  <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No.		
<b>Exhibit D</b>  (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)  <input type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.  If this is a joint petition: <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.		
<b>Information Regarding the Debtor - Venue</b> (Check any applicable box)		
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.		
<b>Certification by a Debtor Who Resides as a Tenant of Residential Property</b> (Check all applicable boxes)		
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)		
_____ (Name of landlord that obtained judgment)		
_____ (Address of landlord)		
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and <input type="checkbox"/> Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).		

<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): <b>Central Florida Endoscopy &amp; Surgical Institute of Ocala, LLC</b>
<p><b>Signatures</b></p> <p><b>Signature(s) of Debtor(s) (Individual/Joint)</b></p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct.</p> <p>[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.</p> <p>[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).</p> <p>I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p><b>X</b> _____ Signature of Debtor</p> <p><b>X</b> _____ Signature of Joint Debtor</p> <p>Telephone Number (If not represented by attorney)</p> <p>Date</p> <p><b>Signature of Attorney*</b> </p> <p><b>X</b> _____ Signature of Attorney for Debtor(s)</p> <p><b>Justin M. Luna 0037131</b> Printed Name of Attorney for Debtor(s)</p> <p><b>Latham, Shuker, Eden &amp; Beaudine, LLP</b> Firm Name PO Box 3353 Orlando, FL 32802-3353</p> <p>Address</p> <p><b>(407) 481-5800 Fax: (407) 481-5801</b> Telephone Number</p> <p>Date</p> <p>*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.</p> <p><b>Signature of Debtor (Corporation/Partnership)</b></p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.</p> <p>The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p><b>X</b> _____ Signature of Authorized Individual</p> <p><b>Vishnu Reddy</b> Printed Name of Authorized Individual</p> <p><b>Managing Member</b></p> <p>Title of Authorized Individual <i>6/25/15</i></p> <p>Date</p>		
<p><b>Signature of a Foreign Representative</b></p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.</p> <p>(Check only one box.)</p> <p><input type="checkbox"/> I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.</p> <p><input type="checkbox"/> Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.</p> <p><b>X</b> _____ Signature of Foreign Representative</p> <p>Printed Name of Foreign Representative</p> <p>Date</p> <p><b>Signature of Non-Attorney Bankruptcy Petition Preparer</b></p> <p>I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.</p> <p>Printed Name and title, if any, of Bankruptcy Petition Preparer</p> <p>Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)</p> <p>Address</p> <p><b>X</b> _____ Signature of Bankruptcy Petition Preparer or Officer, Principal, Responsible Person, or Partner Whose Social Security Number is Provided Above</p> <p>Date</p> <p>Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:</p> <p>If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.</p> <p>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.</p>		

B 1A (Official Form 1, Exhibit A) (9/97)

*[If debtor is required to file periodic reports (e.g. forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11 of the Bankruptcy Code, this Exhibit "A" shall be completed and attached to the petition.]*

**United States Bankruptcy Court**  
**Middle District of Florida**

In re Central Florida Endoscopy & Surgical Institute of Ocala, LLC Case No.  
 Debtor(s) Chapter 11

**EXHIBIT "A" TO VOLUNTARY PETITION**

1. If any of the debtor's securities are registered under Section 12 of the Securities Exchange Act of 1934, the SEC file number is N/A.

2. The following financial data is the latest available information and refers to the debtor's condition on N/A.

a. Total assets \$ 0.00

b. Total debts (including debts listed in 2.c., below) \$ 0.00

c. Debt securities held by more than 500 holders: Approximate  
 number of  
 holders:

secured	<input type="checkbox"/>	unsecured	<input type="checkbox"/>	subordinated	<input type="checkbox"/>	\$ <u>0.00</u>	<u>0</u>
secured	<input type="checkbox"/>	unsecured	<input type="checkbox"/>	subordinated	<input type="checkbox"/>	\$ <u>0.00</u>	<u>0</u>
secured	<input type="checkbox"/>	unsecured	<input type="checkbox"/>	subordinated	<input type="checkbox"/>	\$ <u>0.00</u>	<u>0</u>
secured	<input type="checkbox"/>	unsecured	<input type="checkbox"/>	subordinated	<input type="checkbox"/>	\$ <u>0.00</u>	<u>0</u>
secured	<input type="checkbox"/>	unsecured	<input type="checkbox"/>	subordinated	<input type="checkbox"/>	\$ <u>0.00</u>	<u>0</u>

d. Number of shares of preferred stock 0 0

e. Number of shares common stock 0 0

Comments, if any:

**Privately-held Florida Limited Liability Company**

3. Brief description of Debtor's business:

**Surgery center.**

4. List the name of any person who directly or indirectly owns, controls, or holds, with power to vote, 5% or more of the voting securities of debtor:

**Vishnu Reddy - 100%**

**United States Bankruptcy Court**  
**Middle District of Florida**

In re Central Florida Endoscopy & Surgical Institute of Ocala, LLC  
Debtor(s)

Case No.  
Chapter 11

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	(5) <i>Amount of claim [if secured, also state value of security]</i>
Bausch & Lomb, Inc. Attn: Contracts & Compliance 50 Technology Dr. Irvine, CA 32618	Bausch & Lomb, Inc. Attn: Contracts & Compliance 50 Technology Dr. Irvine, CA 32618	Trade debt		70,282.61
Bausch & Lomb, Inc. Attn: Surgical Division 4395 Collection Center Dr. Chicago, IL 60693-0043	Bausch & Lomb, Inc. Attn: Surgical Division 4395 Collection Center Dr. Chicago, IL 60693-0043	Trade debt		28,074.97
Biotronik, Inc. 6024 S.W. Jean Road Lake Oswego, OR 97035	Biotronik, Inc. 6024 S.W. Jean Road Lake Oswego, OR 97035	Trade debt		64,000.00
Boston Scientific Corp. Endoscopy Division 100 BostonScientific Way Marlborough, MA 01752	Boston Scientific Corp. Endoscopy Division 100 BostonScientific Way Marlborough, MA 01752	Trade debt		85,842.35
Direct Capital 155 Commercial Way Portsmouth, NH 03801	Direct Capital 155 Commercial Way Portsmouth, NH 03801	Trade debt		117,715.20
Direct Capital 155 Commercial Way Portsmouth, NH 03801	Direct Capital 155 Commercial Way Portsmouth, NH 03801	Trade debt		63,872.40
Direct Capital Corporation P.O. Box 790448 St. Louis, MO 63179-0448	Direct Capital Corporation P.O. Box 790448 St. Louis, MO 63179-0448	Trade debt		79,511.00
Escalon Medical Group/Trek P.O. Box 1677 Southeastern, PA 19399-1677	Escalon Medical Group/Trek P.O. Box 1677 Southeastern, PA 19399-1677	Trade debt		1,796.00
Iridex Dept CH 19893 Palatine, IL 60055-9893	Iridex Dept CH 19893 Palatine, IL 60055-9893	Trade debt		3,075.80
Landauer P.O. Box 809051 Chicago, IL 60680-9051	Landauer P.O. Box 809051 Chicago, IL 60680-9051	Trade debt		1,405.16

B4 (Official Form 4) (12/07) - Cont.

In re Central Florida Endoscopy & Surgical Institute of Ocala,  
LLC

Case No. \_\_\_\_\_

Debtor(s)

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**  
**(Continuation Sheet)**

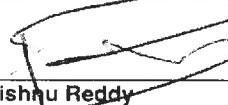
(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	<i>Amount of claim if secured, also state value of security}</i>
Lorven II, Inc. 1623 SW 1ST Avenue Ocala, FL 34471	Lorven II, Inc. 1623 SW 1ST Avenue Ocala, FL 34471	Judgment		1,064,500.26
Medline Industries, Inc. Dept CH 1440 Palatine, IL 60055-4400	Medline Industries, Inc. Dept CH 1440 Palatine, IL 60055-4400	Trade debt		20,009.26
Miraca Life Sciences, Inc. 6655 North MacArthur Blvd. Irving, TX 75039	Miraca Life Sciences, Inc. 6655 North MacArthur Blvd. Irving, TX 75039	Trade debt		56,399.13
Olympus America, Inc. Dept. 0600 P.O. Box 120600 Dallas, TX 75312-0600	Olympus America, Inc. Dept. 0600 P.O. Box 120600 Dallas, TX 75312-0600	Trade debt		31,804.81
Olympus Financial Services P.O. Box 200183 Pittsburgh, PA 15251-0183	Olympus Financial Services P.O. Box 200183 Pittsburgh, PA 15251-0183	Trade debt		274,403.99
Riteway Services P.O. Box 2923 Winter Park, FL 32790	Riteway Services P.O. Box 2923 Winter Park, FL 32790	Trade debt		990.46
Siemens Financial Services P.O. Box 2083 Carol Stream, IL 60132-2083	Siemens Financial Services P.O. Box 2083 Carol Stream, IL 60132-2083	Trade debt		93,323.70
Superior (ProPharma) P.O. Box 270930 Superior, CO 80027	Superior (ProPharma) P.O. Box 270930 Superior, CO 80027	Trade debt		5,806.13
Total Scope, Inc. 17 Creek Parkway Boothwyn, PA 19061	Total Scope, Inc. 17 Creek Parkway Boothwyn, PA 19061	Trade debt		4,695.00
Wilson Ophthalmic 932 West Highway 152 Mustang, OK 73064	Wilson Ophthalmic 932 West Highway 152 Mustang, OK 73064	Trade debt		1,031.64

**DECLARATION UNDER PENALTY OF PERJURY  
ON BEHALF OF A CORPORATION OR PARTNERSHIP**

I, the Managing Member of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date 6/25/15

Signature

  
Vishnu Reddy  
Managing Member

*Penalty for making a false statement or concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.

**United States Bankruptcy Court  
Middle District of Florida**

In re Central Florida Endoscopy & Surgical Institute of Ocala, LLC, Case No. \_\_\_\_\_  
 Debtor Chapter \_\_\_\_\_ 11

**LIST OF EQUITY SECURITY HOLDERS**

Following is the list of the Debtor's equity security holders which is prepared in accordance with Rule 1007(a)(3) for filing in this chapter 11 case.

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
<b>Vishnu Reddy 11253 Bridgehouse Road Windermere, FL 34786</b>	N/A	N/A	<b>100% Managing Member</b>

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the Managing Member of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date 6/25/15

Signature 

Vishnu Reddy  
Managing Member

*Penalty for making a false statement or concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C §§ 152 and 3571.

0 continuation sheets attached to List of Equity Security Holders

United States Bankruptcy Court  
Middle District of Florida

In re Central Florida Endoscopy & Surgical Institute of Ocala, LLC  
Debtor(s)

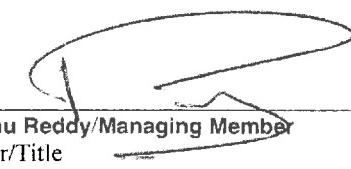
Case No.  
Chapter 11

**VERIFICATION OF CREDITOR MATRIX**

I, the Managing Member of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date:

6/25/15

  
\_\_\_\_\_  
Vishnu Reddy/Managing Member  
Signer/Title

Justin M. Luna  
Latham, Shuker, Eden & Beaudine, LLP  
PO Box 3353  
Orlando, FL 32802-3353

Direct Capital  
155 Commercial Way  
Portsmouth, NH 03801

Medline Industries, Inc.  
Dept CH 1440  
Palatine, IL 60055-4400

Advanced Medical Disp., Inc.  
6121 Mears Ct.  
Clearwater, FL 33760

Direct Capital Corporation  
P.O. Box 790448  
St. Louis, MO 63179-0448

Miraca Life Sciences, Inc.  
6655 North MacArthur Blvd.  
Irving, TX 75039

Ambler Surgical  
404 Gordon Dr.  
Exton, PA 19341

Escalon Medical Group/Trek  
P.O. Box 1677  
Southeastern, PA 19399-1677

Olympus America, Inc.  
Dept. 0600  
P.O. Box 120600  
Dallas, TX 75312-0600

Apria Healthcare  
1328 S. Highland Ave.  
Jackson, TN 38301

Internal Revenue Service  
Centralized Insolvency Ops  
PO Box 7346  
Philadelphia, PA 19101-7346

Olympus Financial Services  
P.O. Box 200183  
Pittsburgh, PA 15251-0183

Bausch & Lomb, Inc.  
Attn: Contracts & Compliance  
50 Technology Dr.  
Irvine, CA 32618

Iridex  
Dept CH 19893  
Palatine, IL 60055-9893

Pawnee Leasing Corporation  
700 Centre Avenue  
Fort Collins, CO 80526

Bausch & Lomb, Inc.  
Attn: Surgical Division  
4395 Collection Center Dr.  
Chicago, IL 60693-0043

JPMorgan Chase Bank, NA  
Collateral Management  
P.O. Box 33035  
Louisville, KY 40232-9891

PNC Bank  
716 E. Silver Springs Blvd.  
Ocala, FL 34470

Biotronik, Inc.  
6024 S.W. Jean Road  
Lake Oswego, OR 97035

Landauer  
P.O. Box 809051  
Chicago, IL 60680-9051

PSS World Medical, Inc.  
301 Gills Dr., Ste. 200  
Orlando, FL 32824

Boston Scientific Corp.  
Endoscopy Division  
100 BostonScientific Way  
Marlborough, MA 01752

Life Gas / Lynde  
575 Mountain Ave.  
New Providence, NJ 07974

Qimat R. Goyal Inc.  
1725 Central Park Ave.  
Yonkers, NY 10710

Corporation Services Company  
P.O. Box 2576  
Springfield, IL 62708

Lorven II, Inc.  
1623 SW 1ST Avenue  
Ocala, FL 34471

Riteway Services  
P.O. Box 2923  
Winter Park, FL 32790

SSV, LLC  
11253 Bridgehouse Road  
Windermere, FL 34786

Superior (ProPharma)  
P.O. Box 270930  
Superior, CO 80027

Synergenics, Inc.  
P.O. Box 66971  
St. Louis, MO 63166-6971

Total Scope, Inc.  
17 Creek Parkway  
Boothwyn, PA 19061

U.S. Bank Equipment Finance  
1450 Channel Parkway  
Marshall, MN 56258

Vishnu Reddy  
11253 Bridgehouse Road  
Windermere, FL 34786

Wells Fargo Bank, N.A.  
Sixth and Marquette Mac  
N931-161  
Minneapolis, MN 55479

Wilson Ophthalmic  
932 West Highway 152  
Mustang, OK 73064